

Date of Inspection: _____ Time: _____ AM/PM		PAGE 1 OF 1			
LANDFILL SYSTEMS Per Pumping Schedule in Post-Closure Plan					
EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
ALL CELLS: LEACHATE, ALL RISERS:	Check for the presence of leachate in and the proper functioning of the detection system.				
	Check leachate pump for operation				
	Pump Leachate				
LEACHATE COLLECTION ROADS	Check for evidence of spills or leaks				
Inspector's Name: _____ Inspector's Signature: _____					
COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):					
<u>IF STATUS NOT OK, MARK THE FOLLOWING</u>					
ENVIRONMENTAL DEPARTMENT CONTACTED:		() YES		() NO	
REMEDIATION WORK ORDER ISSUED:		() YES WORK ORDER #		() NO	